

### Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

### Step 2: Project Exit

Complete the project exit information and please note all fields with an \* are required fields. Complete additional forms for each household member exited.

Exit Date: \* \_\_\_\_\_

Destination:\*

- ☐ Place note meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency Shelter, including hotel or motel paid for with shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven
- ☐ Foster Care Home or Foster Care Group Home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison, Juvenile Detention Facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment or Detox Center
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or Motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- ☐ Staying or living with family, temporary tenure (e.g., room, apartment or house)
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Moved from one HOPWA funded project to HOPWA TH
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, VASH Subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client with RRH or equivalent subsidy

- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with other ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

**Other**

- ☐ No exit interview completed
- ☐ Other
- ☐ Deceased
- ☐ Client Don't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Exit Reason:\***

- |   |  |
|---|--|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program  | <input type="checkbox"/> Disagreement with rules/persons   |
| <input type="checkbox"/> Non-payment of rent/occupancy charge                         | <input type="checkbox"/> Death                             |
| <input type="checkbox"/> Non-compliance with Program                                  | <input type="checkbox"/> Other*                            |
| <input type="checkbox"/> Criminal activity/destruction of property/violence           | (Other Exit Reason_____)                                   |
| <input type="checkbox"/> Reached maximum time allowed by program                      | <input type="checkbox"/> Unknown/Disappeared               |

**Covered by Health Insurance:\***

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**Type of Insurance:\***

- |  |   |
|--|---|
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Private Pay Health Insurance                       |
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> State Health Insurance for Adults (HIP or HIP 2.0) |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Indian Health Service (Native American)            |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services                          | <input type="checkbox"/> Other Public                                       |
| <input type="checkbox"/> Health Insurance Obtained through COBRA                                 | <input type="checkbox"/> Other_____   |

**Status:\***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Active           | <input type="checkbox"/> No                                 |  |
| <input type="checkbox"/> Start Date:_____ | <input type="checkbox"/> Applied; decision pending          | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date:_____   | <input type="checkbox"/> Applied; client not eligible       | <input type="checkbox"/> Client Refused      |
|   | <input type="checkbox"/> Client did not apply               | <input type="checkbox"/> Data Not Collected  |
|   | <input type="checkbox"/> Insurance type N/A for this client |  |

HMIS Barriers Assessment:\*

**Alcohol Abuse**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**Developmental Disability**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**Drug Abuse**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**HIV/AIDS**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**HIV/AIDS Continued**

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**Mental Health**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**Physical Disability**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

**Chronic Health Condition**

Barrier Present?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Crimes:\*

Incident Date:\* \_\_\_\_\_

Abuser:\* \_\_\_\_\_

Abuser DOB: \_\_\_\_\_

Relationship to Victim:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent                  | <input type="checkbox"/> Other Caretaker  |
| <input type="checkbox"/> Grandparent             | <input type="checkbox"/> Spouse           |
| <input type="checkbox"/> Guardian                | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Other Family Member     | <input type="checkbox"/> Sibling          |
| <input type="checkbox"/> Other Non-Family Member | <input type="checkbox"/> Acquaintance     |
|  | <input type="checkbox"/> Stranger         |

Crime:\*

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Survivor of Child Physical Abuse/Neglect | <input type="checkbox"/> Incest                           |
| <input type="checkbox"/> Adult Survivor of Child Sexual Abuse           | <input type="checkbox"/> Kidnapping                       |
| <input type="checkbox"/> Aggravated Harassment                          | <input type="checkbox"/> Rape                             |
| <input type="checkbox"/> Assault  | <input type="checkbox"/> Robbery                          |
| <input type="checkbox"/> Bias/Hate Crime                                | <input type="checkbox"/> Sexual Assault                   |
| <input type="checkbox"/> Burglary                                       | <input type="checkbox"/> Stalking                         |
| <input type="checkbox"/> Criminal Mischief                              | <input type="checkbox"/> Strangulation                    |
| <input type="checkbox"/> Custodial Interference                         | <input type="checkbox"/> Trafficking                      |
| <input type="checkbox"/> Child Abuse-Sexual                             | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Child Abuse-Physical/Neglect                   | <input type="checkbox"/> Identity Theft                   |
| <input type="checkbox"/> Domestic Violence                              |   |
| <input type="checkbox"/> Elder Abuse                                    |   |
| <input type="checkbox"/> Harassment                                     |   |
| <input type="checkbox"/> Homicide                                       |   |

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization ☐

Repeat Victim

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Financial Assessment:\* Cash Income:\* ☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ Private Disability Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ General Assistance (GA) \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Pension/Retirement Former Job \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Alimony/Spousal Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits:\* ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Adult Education Assessment:\*

Last Grade Completed:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Less than grade 5                         | <input type="checkbox"/> Some college           |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Associate's degree     |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Bachelor's degree      |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Graduate degree        |
| <input type="checkbox"/> Grade 12/High School Diploma              | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know    |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Client Refused         |
|  | <input type="checkbox"/> Data Not Collected     |

School Status:

- |   |  |
|---|--|
| <input type="checkbox"/> Attending school regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated from high school   | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Dropped out                  | <input type="checkbox"/> Data Not Collected  |

Child Education Assessment:\*

Last Grade Completed:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Less than grade 5                         | <input type="checkbox"/> Some college           |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Associate's degree     |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Bachelor's degree      |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Graduate degree        |
| <input type="checkbox"/> Grade 12/High School Diploma              | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know    |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Client Refused         |
|  | <input type="checkbox"/> Data Not Collected     |

School Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Employment Assessment:\*

Employed:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

If Yes, Type of Employment:\*

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time                               | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) |                                    |

If No, Why Not Employed:\*

- |   |   |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work   |   |

Legal Assessment:\*

Assessment Description: \_\_\_\_\_

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
- ☐ Description: \_\_\_\_\_
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: \_\_\_\_\_

Do you currently have legal representation?

- ☐ Yes ☐ No

How many days, past 30 days, experiencing legal representation? \_\_\_\_\_

Legal Description Notes: \_\_\_\_\_

Transportation Assessment:\*

Primary Transit Means:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Own vehicle              | <input type="checkbox"/> Bus     |
| <input type="checkbox"/> Ride from friends/family | <input type="checkbox"/> VanTran |
| <input type="checkbox"/> Bicycle                  | <input type="checkbox"/> Walk    |
| <input type="checkbox"/> Other: _____             |                                  |

Vehicle Ownership:

- ☐ Own  
☐ Leased  
☐ Borrowed

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Vehicle Condition:

- ☐ Good running condition  
☐ In Need of Repair  
☐ Impounded

Vehicle Condition Description: \_\_\_\_\_

Registered State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Renewal Date: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Other helpful resources at [www.IndianaBOS.org](http://www.IndianaBOS.org).